

# UTILITY PATENT APPLICATION TRANSMITTAL

Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 223294  
First Inventor Warren V. Barkley  
Title Network Fingerprinting  
Express Mail Label No. EU948746873US

## APPLICATION ELEMENTS

1. ☒ Utility Patent Application Transmittal Form
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification (including claims and abstract) [Total Pages 49]
4. ☒ Drawings [Total Sheets 11]
5. ☐ Combined Declaration and Power of Attorney [Total Pages]
  - a. ☐ Newly executed
  - b. ☐ Copy from prior application [Note Box 6 below]
    - i. ☐ Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application
6. ☐ Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference.
7. ☒ Application Data Sheet. See 37 CFR 1.76
8. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9. Nucleotide and/or Amino Acid Sequence Submission
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ Paper Copy
  - c. ☐ Statement verifying identity of above copies

ADDRESS TO: Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## ACCOMPANYING APPLICATION PARTS

10. ☐ Applicant requests early publication. (include publication fee under 37 CFR 1.18(d))
11. ☐ Assignment Papers (cover sheet and document(s))
12. ☐ 37 CFR 3.73(b) Statement (when there is an Assignee)
13. ☐ Power of Attorney
14. ☐ English Translation Document (if applicable)
15. ☒ Information Disclosure Statement (IDS)
  - ☒ Form PTO-1449
  - ☒ Copies of Listed Documents
16. ☐ Preliminary Amendment
17. ☒ Return Receipt Postcard (Should be specifically itemized)
18. ☐ Claim of Priority & Certified Copy of Priority Document(s)
19. ☐ Request & Certification Under 35 USC 122(b)(2)(B)(i) (Form PTO/SB/35 or its equivalent must be submitted with this application to prevent publication at 18 months)
20. ☐ Other:

21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application no.  
Prior application information: Examiner ; Group Art Unit:

## APPLICATION FEES

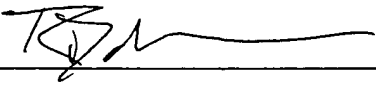
BASIC FEE				\$770.00
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	
Total Claims	31 -20=	11	x \$18.00	\$198.00
Independent Claims	3 -3=	0	x \$86.00	\$0.00
<input type="checkbox"/> Multiple Dependent Claim if applicable			+ \$280.00	\$
Total of above calculations =				\$968.00
Reduction by 50% for filing by small entity =				\$( )
<input type="checkbox"/> Assignment fee if applicable			+ \$40.00	\$0.00
<input type="checkbox"/> Early publication fee if applicable			+ \$300.00	\$
TOTAL =				\$1008.00

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 223294


22. ☒ Please charge my Deposit Account No. 12-1216 in the amount of \$1008.00
23. ☐ A check in the amount of \$            is enclosed.
24. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
25. ☐ The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 12-1216 for any fee that may be due in connection with such a request for an extension of time.

## 26. CORRESPONDENCE ADDRESS

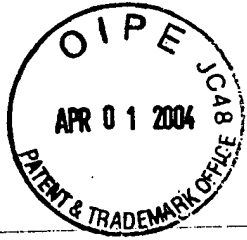
<input checked="" type="checkbox"/> Customer Number: 38887  <div style="text-align: center;">38887</div>	<input type="checkbox"/> , Reg. No. Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile)
Name	Richard P. Dodson, Registration No. 52,824
Signature	
Date	October 17, 2003

## Certificate of Mailing Under 37 CFR 1.10

I hereby certify that this Utility Patent Application Transmittal and all accompanying documents are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Sherie L. Dodson		October 17, 2003
Name of Person Signing	Signature	Date

Utility Transmittal (Revised 10/18/01)



EU 948746873 US



UNITED STATES POSTAL SERVICE®

Customer Copy  
Label 11-B September 2002

Post Office To Addressee

## ORIGIN (POSTAL USE ONLY)

PO ZIP Code 98101	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input checked="" type="checkbox"/> 13.65
Date In Mo 10 Day 17 Year 03	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> 5:30 PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt \$
Weight 1 lbs. 1 ozs.	Int'l Alpha Country Code	COD Fee \$
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials LV	Total Postage & Fees \$ 13.65

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

## CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
Customer Signature	

FROM: (PLEASE PRINT)

PHONE (206) 521-5965

LENDING, VICTOR HAYES  
1420 FIFTH AVE  
STE 2200  
SEATTLE WA 98101

423274

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



PRESS HARD. You are making 3 copies.

TO: (PLEASE PRINT)

PHONE ( )

MAIL GROUP PATENT APPLICATION  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
ALEXANDRIA VA 22313

2 2 3 1 3 + 1 4 5 6